

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R:	None
Title::	RIDE CONTROL CONSTANT CONTACT SIDE BEARING ARRANGEMENT
Attorney Docket Number::	114559
Suggested Drawing Figure::	1-18
Total Drawing Sheets::	12
Small Entity::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Ralph
Middle Name::	H.
Family Name::	SCHORR
Name Suffix::	
City of Residence::	Edwardsville
State or Province of Residence::	Illinois
Country of Residence::	USA

Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Dan
Middle Name::	
Family Name::	SCHNIERS
Name Suffix::	

City of Residence:: Damiansville
State or Province of Residence:: Illinois
Country of Residence:: USA

Applicant Authority type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Applicant Authority type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Applicant Authority type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Correspondence Information

Correspondence Customer Number:: 25944

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Non- Provisional of	60/457,311	3/26/03
This Application is a	Continuation of		MM / DD / YY
Foreign Priority Information			
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Assignee Information			
Assignee Name::		ASF-KEYSTONE, INC.	
Street of mailing address::		1700 Walnut Street	
City of mailing address::		Granite City	
State or Province of mailing address::		Illinois	
Country of mailing address::		USA	
Postal or Zip Code of mailing address::		62040	